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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	5/1262
	First Named Inventor	Frank Himmelsbach
	COMPLETE IF KNOWN	
	Application Number	10 / 016,280
	Filing Date	December 10, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BICYCLIC HETEROCYCLES, PHARMACEUTICAL COMPOSITIONS CONTAINING THESE COMPOUNDS, THEIR USE AND PROCESSES FOR PREPARING THEM

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **12/10/2001** as United States Application Number or PCT International Application Number **10/016,280** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
100 23 085.7	DE	05/11/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
199 28 281.1	DE	06/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/146,644	07/30/1999

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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/05547	06/21/1999	

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☐ Customer Number 28505

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 28505 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature	Date		
Residence: City	Mittelbiberach	State	Country Germany
Post Office Address	Ahornweg 16		
Post Office Address			
City	Mittelbiberach	State	ZIP 88441
		Country	Germany

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

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Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature				Date			
Residence: City		Warthausen		State		Country	
				Germany		Citizenship	
						DE	
Post Office Address		Schloss 3					
Post Office Address							
City		Warthausen		State		ZIP	
				88447		Country	
				Germany			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature				Date			
Residence: City		Wien		State		Country	
				Austria		Citizenship	
						DE	
Post Office Address		Traungasse 6/5					
Post Office Address							
City		Wien		State		ZIP	
				1030		Country	
				Austria			
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Given Name (first and middle [if any])				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature				Date			
Residence: City		Wien		State		Country	
				Austria		Citizenship	
						CH	
Post Office Address		Fimbingergasse 1/9					
Post Office Address							
City		Wien		State		ZIP	
				1230		Country	
				Austria			

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Case No. 5/1262

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Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature						Date	
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature	<i>A. Baum</i>					Date	36.02.00
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
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Inventor's Signature						Date	
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Post Office Address							
City		State		ZIP		Country	

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Attorney Docket Number 5/1262

First Named Inventor Frank Himmelsbach

COMPLETE IF KNOWN

Application Number 10 / 016,280

Filing Date December 10, 2001

Group Art Unit

Examiner Name

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the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 12/10/2001

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☐ Customer Number 28505

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

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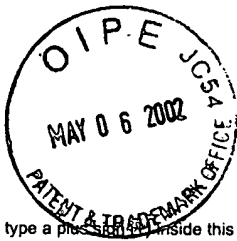
Direct all correspondence to: ☒ Customer Number 28505 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature			Date
			01/30/02
Residence: City	State	Country	Citizenship
Mittelbiberach		Germany	DE
Post Office Address			
Ahornweg 16			
Post Office Address			
City	State	ZIP	Country
Mittelbiberach		88441	Germany

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

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Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature				Date	11/30/02		
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature				Date			
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
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Flavio				SOLCA			
Inventor's Signature				Date			
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbergasse 1/9						
Post Office Address							
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Birgit				JUNG			
Inventor's Signature						Date	Feb 16/02
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
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Post Office Address							
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Anke				BAUM			
Inventor's Signature						Date	
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Address					
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Post Office Address	Ahornweg 16						
Post Office Address							
City	Mittelbiberach	State		ZIP	88441	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature				Date			
Residence: City		Warthausen		State		Country Germany	
Citizenship		DE					
Post Office Address		Schloss 3					
Post Office Address							
City		Warthausen		State		ZIP 88447	
Country		Germany					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Thomas				METZ			
Inventor's Signature		<i>Thomas Metz</i>		Date		01-28-02	
Residence: City		Wien		State		Country Austria	
Citizenship		DE					
Post Office Address		Traungasse 6/5					
Post Office Address							
City		Wien		State		ZIP 1030	
Country		Austria					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature				Date			
Residence: City		Wien		State		Country Austria	
Citizenship		CH					
Post Office Address		Fimbingergasse 1/9					
Post Office Address							
City		Wien		State		ZIP 1230	
Country		Austria					

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PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Birgit					JUNG				
Inventor's Signature					Date				
Residence: City		Schwabenheim		State		Country		Germany	
						Citizenship		DE	
Post Office Address		Muehlstrasse 23							
Post Office Address									
City		Schwabenheim		State		ZIP		55270	
						Country		Germany	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Anke					BAUM				
Inventor's Signature					Date				
Residence: City		Alland		State		Country		Austria	
						Citizenship		DE	
Post Office Address		Groisbach 13							
Post Office Address									
City		Alland		State		ZIP		2534	
						Country		Austria	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature					Date				
Residence: City				State		Country			
						Citizenship			
Post Office Address									
Post Office Address									
City				State		ZIP			
						Country			

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